

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1				151		
2		11				1
3						1
4		1		154	1	
5		1				1
6		1				1
7		1			1	
8		1			1	
9		1			1	
10		1			1	
11		1			1	
12		1			1	
13		1			1	
14	1				1	
15	1				1	
16	1				1	
17	1				1	
18	1				1	
19	1				1	
20	1				1	
21	1				1	
22	1				1	
23	1				1	
24	1				1	
25	1				1	
26	1				1	
27	1				1	
28	1				1	
29	1				1	
30	1				1	
31	1				1	
32	1				1	
33	1		142	1		
34	1				1	
35	1				1	
36	1				1	
37	1				1	
38	1				1	
39	1				1	
40	1				1	
41	1				1	
42	1				1	
43	1				1	
44	1				1	
45	1				1	
46	1				1	
47	1				1	
48	1				1	
49	1				1	
50	1		250	1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51		1				1
52		1				1
53		1				1
54	1	1				1
55		1				1
56		1				1
57		1				1
58		1				1
59		1				1
60		1				1
61		1				1
62		1				1
63		1			113	1
64		1				1
65		1				1
66		1				1
67		1				1
68		1				1
69		1				1
70		1				1
71		1				1
72		1				1
73		1				1
74		1				1
75	1					1
76	1					1
77	1					1
78	1		128	1	3	
79	1		129	1		
80	1					1
81	1					1
82	1		132	1		
83	1					1
84	1					1
85	1					1
86	1	1				1
87	1	1				1
88	1					1
89	1					1
90	1					1
91	1					1
92	1					1
93	1		143			
94	1					1
95	1					1
96	1					1
97	1					1
98	1					1
99	1					1
100	1		150			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						